

## INFLUENZA VACCINE INFORMED CONSENT 2009– 2010 INFLUENZA SEASONS

**PLEASE PRINT:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

**KEY FACTS ABOUT THE FLU:**

**Flu Season and When to get the Vaccine:** The “flu season” in the United States can be from November to as late as May. The best time to get the vaccine is from October through November, as the flu season generally peaks between late December and early March.

**About the Flu and Incubation Period:** Influenza (commonly called “the flu”) is a contagious respiratory illness caused by influenza viruses. Infection with influenza viruses can result in illness ranging from mild to severe and life-threatening complications. The incubation period of influenza is 1 to 4 days, with an average of 2 days.

**Symptoms of Flu:** Symptoms of flu include fever (usually high), headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. Gastrointestinal symptoms, such as nausea, vomiting, and diarrhea, are much more common among children than adults.

**Spread of Flu:** Influenza viruses are spread from person to person in respiratory droplets of coughs and sneezes. This is called “droplet spread.” This can happen when droplets from a cough or sneeze of an infected person are propelled (usually less than 3 feet) through the air and deposited on the mouth or nose of people nearby. The viruses may also be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose – or someone else’s mouth or nose) before washing their hands.

**About the Vaccine:** It takes up to 2 weeks for protection to develop after vaccination. Protection may last up to one year. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine. Influenza A & B are the two types of influenza viruses that cause epidemic human disease. Each year, the flu shot contains 3 different strains (kinds) of the virus. The viruses predicted to affect the United States this 2009-2010 season are: *A/Brisbane/59/2007 (H1N1)-like virus, A/Brisbane/10/2007 (H3N2)-like virus, B/Brisbane/60/2008-like antigens.*

**Risks & Side Effects:** The risks from the vaccine are much smaller than the risks from the disease. Almost all people who get the influenza vaccine do not develop any serious problems. If mild or moderate problems occur, they usually start soon after the vaccination and can last up to 1 to 2 days. These may include fever (low grade) and aches. Mild side effects may include soreness, redness, and swelling at the injection side, fever and aches. You should not take the vaccine if you have had a previous severe or allergic reaction to eggs or to a previous dose of influenza vaccine. If you have a history of Guillain-Barre Syndrome (GSB), you should talk to your physician before getting the vaccine. If you have a moderate or severe illness, you should wait until you recover before getting the vaccine.

PLEASE ANSWER THE FOLLOWING QUESTIONS:		NO	YES
1	Do you have a serious allergy to eggs?		
2	Have you ever had a serious reaction or other problem after getting an Influenza Vaccine?		
3	Have you been suspected of or confirmed with paralysis by Guillain-Barre Syndrome?		
4	Do you now have a moderate or severe illness?		
5	Do you have a latex allergy?		

The flu shot is an inactivated vaccine (containing killed virus) that is injected with a needle into the muscle, usually in the arm. The flu shot is approved for use in people 6 months of age and older, including healthy people and people with chronic medical conditions. I hereby consent to the administration of the influenza (flu) vaccine. I have read the information provided on this form. I hereby release and hold harmless Hilton Head Hospital, Coastal Carolina Hospital, its physicians, staff, employees, agents, officers, directors and any other persons involved, from any liability, damage or claim arising from any injury or complications that may result from my participation in this vaccination program. **PLEASE COMPLETE “NOTICE OF PRIVACY PRACTICES” ON REVERSE SIDE.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FOR INTERNAL USE		
Vaccine Expiration Date:	Lot#:	Manufacturer:
O.5 ml administered IM deltoid	Right	Left
Administered by:		



HILTON HEAD REGIONAL  
HEALTHCARE

Notice of Privacy Practices  
Acknowledgement

A Notice of Privacy Practices is provided to all patients. This Notice of Privacy Practices identifies: 1) how medical information about you may be used or disclosed; 2) your rights to access your medical information, amend your medical information, request an accounting of disclosures of your medical information, and request additional restrictions on our uses and disclosures of that information; 3) your rights to complain if you believe your privacy rights have been violated; and 4) our responsibilities for maintaining the privacy of your medical information. The undersigned certifies that he/she has read the foregoing, received a copy of the Joint Notice of Privacy Practice (NPP), and is the patient, or the patient's personal representative.

\_\_\_\_\_  
Name of Patient or Patient's Personal Representative

\_\_\_\_\_  
Relationship of Personal Representative to Patient (if applicable)

\_\_\_\_\_  
Signature of Patient or Patient's Personal Representative

If applicable, reason patient's written acknowledgement could not be obtained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Staff Completing Above Section

\_\_\_\_\_  
Printed Name

Notice Dated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Notice Version \_\_\_\_\_